FOR OFFICIAL USE ONLY Review Routing & Approval

OF LOAD

Plumbing Permit Application

CITY OF LOWELL 216 NORTH LINCOLN STREET LOWELL, AR 72745 (479)770-2185 / FAX (479)770-2106

Division	Sig. = OK	Date
Reviewed By		

DATE APPLIED:				
PROJECT ADDRESS:				
OWNER NAME:	PHONE:	PHONE:		
CONTRACTOR:	PHONE:			
ADDRESS:				
CITY/STATE/ZIP:				
LICENSE #: EXPIRATION	#: EXPIRATION DATE:			
PROPOSED USE: DESCRIPTI	ON OF WORK:			
State of Arkansas Department of Health Plumbing Approval	Letter Attached (Commercial Proj	ects)	
RESIDENTIAL	FEES			
Item	Quantity	Unit Cost	Total	
Base Fee	- Quarterly	-	\$30.00	
Each Fixture, Floor Drain or Trap		\$2.50 Each	φ50.00	
Facility Carriery Warried Library		\$5.00 Each		
Each Water Vard Line		\$5.00 Each		
Each Gas Yard Line		\$5.00 Each		
Each Hot Water Heater and Vent		\$2.50 Each		
- II NAZ		\$5.00 Each		
In House Water Piping In House Drainage Piping		\$5.00 Each		
Back Flow Addition (Lawn Irrigation) TOTAL FEES DUE		\$2.50 EaCH		
COMMERCIAL FEES (Department of Health Letter Required) TOTAL JOB COST: \$				
Base Fee			\$30.00	
PLUS 1% of Job Cost up to \$10,000				
PLUS .5% of Job Cost From \$10,001.00 to \$20,000.00				
PLUS .25% of Job Cost From \$20,001.00 and ABOVE				
TOTAL FEES DUE				
This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started. I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.				
	Print Applicant Nar	ne)	(Date)	

NOTE: TO SCHEDULE INSPECTIONS CALL 479/770-2185, EXTENSION 650